PTO/SB/17 (10-08)

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|---|-------------------------------------|-----------------------|------------|------------------------|------------------|----------------------------|----------------------------|--|
| Effective on 12/08/2004. | | | | Complete if Known | | | | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Application Numb | er 10/520 | 10/520,469 Conf. No.: 5627 | | |
| FEE TRANSMITTAL | | | | iling Date | Januar | y 07, 2005 | | |
| For FY 2009 | | | | irst Named Inve | ntor Zhaoch | Zhaochang XU | | |
| ✓ Applicant claims small entity status. See 37 CFR 1.27 | | | | xaminer Name | Daniel | Daniel H. Pan | | |
| Applicant claims small entit | y status. | See 37 CFR 1.27 | | Art Unit | 2183 | | | |
| TOTAL AMOUNT OF PAYMEN | т (\$) | 26.00 | | Attorney Docket N | No. 4533-0 | 113PUS1 | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | |
| Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to; (check all that apply) | | | | | | | | |
| | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | |
| ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments WARNING: Information and under 3 FCFR 1.16 and 1.17 WARNING: Information and sub-torization on PTO-2038. WARNING: Information on a fund understands on PTO-2038. | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH, F | LING FE | | SEARCH | H FEES Small Entity | EXAMINATI | ION FEES | | |
| Application Type Fe | | | ee (\$) | Fee (\$) | | Fee (\$) | Fees Paid (\$) | |
| Utility 3 | 30 | 165 | 540 | 270 | 220 | 110 | 0.00 | |
| Design 2 | 20 | 110 | 100 | 50 | 140 | 70 | 0.00 | |
| Plant 2 | 20 | 110 | 330 | 165 | 170 | 85 | 0.00 | |
| Reissue 3 | 30 | 165 | 540 | 270 | 650 | 325 | 0.00 | |
| Provisional 2 | 20 | 110 | 0 | 0 | 0 | 0 | 0.00 | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | | |
| Fee Description Each claim over 20 (including Reissues) | | | | | | Fee (\$) 52 | Fee (\$) | |
| Each claim over 20 (inclu Each independent claim o | | | | | | 220 | 26 110 | |
| Multiple dependent claim | | cluding Reissues | " | | | 390 | 195 | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | Multiple Dep | endent Claims | |
| 24 - 20 or HP = | 1 | x 26.00 = | 26. | 00 | | Fee (\$) | Fee Paid (\$) | |
| HP = highest number of total claim | | | | | | 0.00 | 0.00 | |
| Indep. Claims | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - fee (\$) Fee (\$) Fee Paid (\$) - 100 = 0 / 50 = 0 (round up to a whole number) x = 0.00 | | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 6.00 7.00 | | | | | | | | |
| Other (e.g., late filing surcharge): | | | | | | | | |
| CUDUTTODY | | | | | | | | |
| SUBMITTED BY Signature | $\langle - \rangle$ | 0.11 | Re | gistration No. 28 | 200 | Telephone | 703-205-8000 | |
| 10 1001. | Name (Print/Type) James M. Slottony | | | | | | | |

Name (PrintType) Jarries M. Slattery

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to life (and by the USFTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is elemented to take 30 minutes to complete, including authering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comment on the amount of the your require to complete this form andore suggestions for enducing this further, should be seen by the Christ Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1459, Alexandris, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, B.O. 165, Dox 1459, Alexandris, V.A. 22313-1450.